

Federal Grant Applications

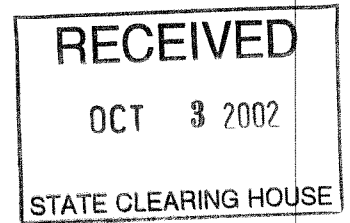
The following are Applications for Federal Assistance received by the State Clearinghouse from **October 1st through 15th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 09/30/02	3. DATE RECEIVED BY STATE: 09/30/02	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 03SR026314	4. DATE RECEIVED: 09/30/02	GRANT NUMBER: 02SRPCA136
5. APPLICATION INFORMATION		
LEGAL NAME: VOLUNTEER CENTER OF FRESNO		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Gloria Ann Sinopoli TELEPHONE NUMBER: 5592373101 FAX NUMBER: 5592376860 INTERNET E-MAIL ADDRESS: galsinopoli@pacbell.net
ADDRESS (give street address, city, state and zip code): 1900 Mariposa Mall Suite 114 Fresno CA 93721		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942314572		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization Volunteer Management Organization
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP FRESNO
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno, Madera and Merced Counties		
13. PROPOSED PROJECT: START DATE: 01/01/02 END DATE: 12/31/04		14. PERFORMANCE PERIOD: START DATE: END DATE:
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 01-OCT-02
a. FEDERAL	\$ 87,787.00	
b. APPLICANT	\$ 54,473.00	
c. STATE	\$ 0.00	
d. LOCAL	\$ 22,100.00	
e. OTHER	\$ 32,373.00	
f. PROGRAM INCOME	\$ 0.00	
g. TOTAL	\$ 142,260.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Donna M. Ueland	b. TITLE: Executive Director	c. TELEPHONE NUMBER: 559-237-3101
		d. DATE: 09/30/02

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 09/30/02		3. DATE RECEIVED BY STATE:	
2b. APPLICATION ID: 03SR026314		4. DATE RECEIVED: 09/30/02	
		STATE APPLICATION IDENTIFIER:	
		GRANT NUMBER: 02SRPCA136	
5. APPLICATION INFORMATION			
LEGAL NAME: VOLUNTEER CENTER OF FRESNO		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (<i>give area codes</i>): NAME: Gloria Jean Sinopoli TELEPHONE NUMBER: 5592373101 FAX NUMBER: 5592376860 INTERNET E-MAIL ADDRESS: gsinopol@pacbell.net	
ADDRESS (<i>give street address, city, state and zip code</i>): 1900 Mariposa Mall Suite 114 Fresno CA 93721			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942314572		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization Volunteer Management Organization	
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration			
		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP FRESNO	
12. AREAS AFFECTED BY PROJECT (<i>List Cities, Counties, States, etc</i>): Fresno, Madera and Merced Counties			
13. PROPOSED PROJECT: START DATE: 01/01/02 END DATE: 12/31/04		14. PERFORMANCE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$ 87,787.00	<input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 01-OCT-02	
b. APPLICANT	\$ 54,473.00		
c. STATE	\$ 0.00		
d. LOCAL	\$ 22,100.00		
e. OTHER	\$ 32,373.00		
f. PROGRAM INCOME	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 142,260.00	<input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Donna M. Ueland		b. TITLE: Executive Director	
		c. TELEPHONE NUMBER: 559-237-3101	
		d. DATE: 09/30/02	



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application ☐ Construction ☒ Preapplication Construction
☐ Non-Construction ☐ Non-Construction

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Rancho Seco, Inc.

Organizational Unit:

Address (give city, county, state, and zip code):

P.O. Box 1909
Cantil, CA 93519

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Dawn Martin - (760) 373-7600
-or-
Coby Graham - (559) 651-1000 Ext.686

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-2218786

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐
D. Decrease Duration ☐ Other (specify) _____

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State ☐ H. Independent School Dist. ☒
B. County ☐ I. State Controlled Institution of Higher Learning ☐
C. Municipal ☐ J. Private University ☐
D. Township ☐ K. Indian Tribe ☐
E. Interstate ☐ L. Individual ☐
F. Intermunicipal ☐ M. Profit Organization ☐
G. Special District ☐ N. Other (Specify): Mutual Water Co.

9. NAME OF FEDERAL AGENCY:

Rural Utilities Service
USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

Water and Waste Disposal
TITLE: Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Rancho Seco Water Distribution System
Project:
Replace the Mutual's existing water
lines and 64 services

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Rancho Seco, Inc. Water System
County of Kern
California

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICTS OF:

Start Date

Ending Date

a. Applicant

b. Project

05/2003

05/2004

22

22

RECEIVED

OCT 3 2002

STATE CLEARING HOUSE

15. ESTIMATED FUNDING:

a. Federal	\$	200,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	200,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 10-1-02b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Dawn Martin

b. Title

President

c. Telephone number

(760) 373-7600

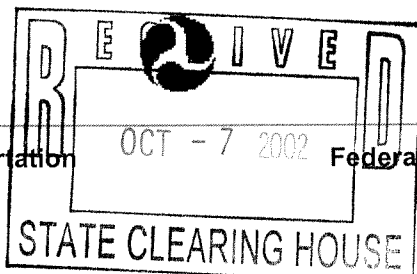
d. Signature of Authorized Representative

e. Date Signed

10-1-02

DOT

U.S. Department of Transportation

**FTA**

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Project ID:	CA-90-Y178
Budget Number:	1 - Budget Pending Approval
Project Information:	Maintenance / Corporate Yard Design

Part 1: Recipient Information

Project Number:	CA-90-Y178
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000
Telephone:	(909) 399-5400
Facsimile:	(909) 399-5492

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,043,250
Project Number:	CA-90-Y178	Adjustment Amt:	\$0
Project Description:	Maintenance / Corporate Yard Design	Total Eligible Cost:	\$1,043,250
Recipient Type:	City	Total FTA Amt:	\$834,500
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Michael Busch	Total Local Amt:	\$208,750
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified		

Sec. of Statute:	5307	Special Condition:	None Specified
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified
Start/End Date:	Sep. 15, 2002 - Sep. 30, 2003	S.C. Eff. Date:	None Specified
Recvd. By State:		Est. Oblig Date:	None Specified
EO 12372 Rev:	YES	Pre-Award Authority?:	Yes
Review Date:	Sep. 27, 2002	Fed. Debt Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 13, 2002		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	33	Lucille Roybal-Allard

Project Details

The City of Claremont will program \$834,500 of Section 5307 funds and \$208,750 in matching funds towards the design of a joint use City Corporate / Maintenance Yard facility. The City will be allocating General Fund monies as the Local match. The Section 5307 funds used for design represent the transit share of the entire project valued at over \$12 million.

Part 3: Budget

Project Budget

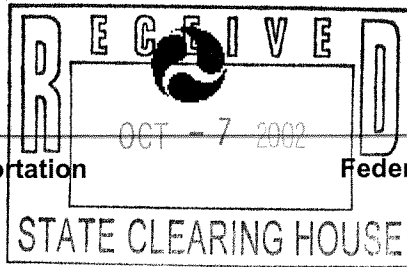
	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	1	\$834,500	\$1,043,250
<u>ACTIVITY</u>			
11.41.03 ENG/DESIGN - ADMIN/MAINTENANCE FACILITY	1	\$834,500	\$1,043,250

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier																						
		3. DATE RECEIVED BY STATE		State Application Identifier																						
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																						
5. APPLICANT INFORMATION Legal Name: Springville Public Utility District Address (give city, county, State, and zip code): P.O. Box 434 Springville, CA 93265 Tulare County Organizational Unit: Board of Directors Name and telephone number of person to be contacted on matters involving this application (give area code): Dennis R. Keller, District Engineer (559) 732-7938																										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1731897			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">G</div>																							
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA - Rural Development																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water & Waste Disposal 10-760 TITLE: Loan and Grant Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sewer Effluent Disposal Project																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated Community of Springville, California, Tulare County			<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED OCT 7 2002 STATE CLEARING HOUSE </div>																							
13. PROPOSED PROJECT March 2004* Start Date Ending Date a. Applicant b. Project *Funding Dependent 21st 21st																										
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>1,021,800.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,021,800.00</td> </tr> </table>			a. Federal	\$	1,021,800.00	b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. TOTAL	\$	1,021,800.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>10/4/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	1,021,800.00																								
b. Applicant	\$	0.00																								
c. State	\$	0.00																								
d. Local	\$	0.00																								
e. Other	\$	0.00																								
f. Program Income	\$	0.00																								
g. TOTAL	\$	1,021,800.00																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
a. Type Name of Authorized Representative Wallace Johnson		b. Title President, Board of Directors		c. Telephone Number (559) 539-2869																						
d. Signature of Authorized Representative 				e. Date Signed 10-4-02																						

DOT

U.S. Department of Transportation

**FTA**

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-Y186
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2003 Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y186
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Alan Lee
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$3,171,250
Project Number:	CA-90-Y186	Adjustment Amt:	\$0
Project Description:	FY 2003 Capital Assistance	Total Eligible Cost:	\$3,171,250

Recipient Type:	City	Total FTA Amt:	\$2,537,000
FTA Project Mgr:	Ray Tellis/John Ottomanelli	Total State Amt:	\$634,250
Recipient Contact:	J. Mills/A.Ochoa/A. Rose	Total Local Amt:	\$0
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Oct. 01, 2002 - Nov. 30, 2003	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	Not Applicable	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 02, 2002		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman

Project Details

FY 2003 Capital Projects-

1. Preventive Maintenance: In compliance with federal guidelines, staff will use a portion of capital funds to defray the cost of maintaining the fleet.

2. COP Bus Lease Payment: This is the year 11 payment on the Certificates of Participation (COP) sold in December 1992 to purchase fourteen Gillig Phantoms buses.

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER

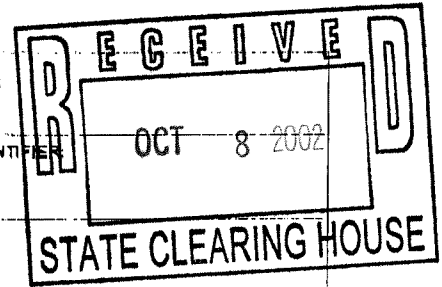
2b. APPLICATION ID:

03SR026778

4. DATE RECEIVED:

GRANT NUMBER:

02SRPCA049



5. APPLICATION INFORMATION

LEGAL NAME: Shasta County Community Action Agency

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Sharré Littlell

ADDRESS (give street address, city, state and zip code):

TELEPHONE NUMBER: 5302255803

FAX NUMBER: 5302255178

INTERNET E-MAIL ADDRESS:

1670 Market St., Suite 300
Redding CA 96001

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

946000535

7. TYPE OF APPLICANT:

7a. Local Government - County

7b.

8. TYPE OF APPLICATION:

☐ NEW☒ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

--	--

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

SHASTA/TEHAMA/TRINITY CO'S RSVP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

California Counties of Tehama, Shasta

13. PROPOSED PROJECT: START DATE: 01/01/03

END DATE: 12/31/03

14. PERFORMANCE PERIOD: START DATE:

END DATE:

15. ESTIMATED FUNDING:

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:

DATE: 01-OCT-02

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES

If "Yes," attach an explanation.

☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Larry Lenz

b. TITLE:

Director

c. TELEPHONE NUMBER:

530.225.5803

d. DATE:

10-8-02

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF MISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 03SR026090	4. DATE RECEIVED:	GRANT NUMBER: 02SRP CA002														
5. APPLICATION INFORMATION		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT - 8 2002 STATE CLEARING HOUSE </div>														
LEGAL NAME: CONEJO RECREATION & PARK DISTRICT ADDRESS (give street address, city, state and zip code): 403 W. Hillcrest Drive Thousand Oaks CA 91360																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952265201		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give BBS codes): NAME: Louise Dmielle TELEPHONE NUMBER: 805-381-2742 FAX NUMBER: 805-495-5430 INTERNET E-MAIL ADDRESS: nsvp@cpd.org														
7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b. Local Government, Municipal		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service														
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Conejo Valley Retired and Senior Volunteer Program														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Thousand Oaks, Newbury Park, and part of Westlake Village in Ventura County																
13. PROPOSED PROJECT: START DATE: 10/01/01 END DATE: 09/30/03		14. PERFORMANCE PERIOD: START DATE: END DATE:														
15. ESTIMATED FUNDING: <table border="1" style="width: 100%;"> <tr> <td>a. FEDERAL</td> <td>\$ 53,367.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 93,294.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 42,759.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 50,535.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 146,661.00</td> </tr> </table>		a. FEDERAL	\$ 53,367.00	b. APPLICANT	\$ 93,294.00	c. STATE	\$ 42,759.00	d. LOCAL	\$ 50,535.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 146,661.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-OCT-02
a. FEDERAL	\$ 53,367.00															
b. APPLICANT	\$ 93,294.00															
c. STATE	\$ 42,759.00															
d. LOCAL	\$ 50,535.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 146,661.00															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.														
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Lizzie Benton-Scott																
b. TITLE: Administrator		c. TELEPHONE NUMBER: 805-495-6471														
		d. DATE:														

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
Address (give city, county, state, and zip code):	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Mike Ellison, General Manager (805) 467-3300

6. EMPLOYER IDENTIFICATION (EIN):

77-0538466

7. TYPE OF APPLICANT: (enter appropriate letter in box) G

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in ☐ ☐

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other (specify): _____	

9. NAME OF FEDERAL AGENCY:
 USDA RURAL DEVELOPMENT
 RURAL UTILITIES SERVICE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Water Storage Tank Facility

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
 TITLE:

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
10-1-02	9-30-03		

15. ESTIMATED FUNDING

a. Federal	\$ 2,200,000	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. Total	\$ 2,200,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

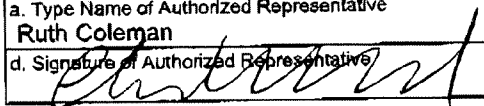
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES (Attach explanation) ☐ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Mike Ellison	b. Title General Manager	c. Telephone Number (805) 467-3300
d. Signature of Authorized Representative 		e. Date Signed

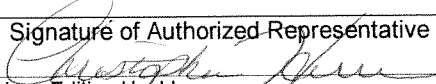
OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 3, 2002	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01495
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Charlie Willard (916) 651-8597	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): []-[]-[]-[]-[]-[]-[]-[]		7. TYPE OF APPLICANT: (enter appropriate letter in box) [A] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1][5]-[9][1][6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lake Oroville SRA Recreation Facilities Development Department of Water Resources Oroville Field Division 460 Glen Drive Oroville, Ca 95966	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-54386			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/02	Ending Date 6/30/06	a. Applicant 03	
		b. Project 2	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 222,309 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 10-9-02	
b. Applicant	\$ 222,309 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 444,618 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
d. Signature of Authorized Representative 		c. Telephone Number (916) 653-7423	
		e. Date Signed 10/9/02	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 9, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: California Department of Transportation		Organizational Unit: Division of Mass Transportation	
Address (give city, county, State, and zip code): P.O. Box 942874 Sacramento, CA 94274-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Christopher Herre, Chief Office of Specialized Transit and Procurement (916) 654-6990	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94 - 6001344		7. TYPE OF APPLICANT: (enter appropriate letter in box): A A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in boxes: <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <p style="text-align: center;">20 - 513</p> <p style="text-align: center;">U.S.C. 49 Section 5310</p> <p style="text-align: center;">TITLE: Capital Assistance</p>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <p style="text-align: center;">Purchase of Paratransit Equipment</p>	
12. AREAS AFFECTED BY PROJECT (Cities, counties, States, etc.) <p style="text-align: center;">Statewide</p>			
13. PROPOSED PROJECT Start Date: 1/2/03 Ending Date: 24 months		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Project:	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS:	
a. Federal	\$ 9,600,000. 00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <p style="text-align: center;">DATE: October 9, 2002</p> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$ 2,400,000. 00		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes. If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 12,000,000. 00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Christopher Herre		b. Title Chief, Office of Specialized Transit & Procurement Division of Mass Transportation	
c. Telephone Number (916) 654-6990		d. Signature of Authorized Representative 	
e. Date Signed October 9, 2002			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		10-10-02	RECEIVED
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
JACUMBA COMMUNITY SERVICE DISTRICT		STATE CLEARING HOUSE	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
STREET: 1266 RAILROAD ST. JACUMBA, CA 91934		MAILING: P.O. BOX 425 JACUMBA, CA 91934 TOM LINDENMEYER (619) 766-4359	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
33-0169623		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		U.S.D.A. RURAL UTILITY SERVICE	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
10--760		DOMESTIC WATER SYSTEM REHABILITATION PROJECT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		13. PROPOSED PROJECT	
JACUMBA		14. CONGRESSIONAL DISTRICTS OF:	
1-03		DISTRICT # 51	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,600,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE 10/10/02	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 1,600,000	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative		c. Telephone Number	
TOM LINDENMEYER		(619) 766-4359	
b. Title		e. Date Signed	
GENERAL MANAGER		OCTOBER 10th, 2002	
d. Signature of Authorized Representative			